



Lassen Community College
 Financial Aid Office
 P.O. Box 3000
 Susanville, CA 96130

2024-2025 Independent Student Ability to Support

PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK ONLY. Do NOT use whiteout.

Student's Last Name First Name MI Student I.D.

Clarification is needed for the total number of people you will be supporting for the 2024-2025 aid year. Please explain how living expenses were met. SUPPORT means that you provide more than 50% of all living expenses for the individuals included in the household size reported, and will continue to do so from July 1, 2024 through June 30, 2025.

Section A: Dependents in Household:

Please list dependents who live with you and/or your spouse and who receive more than half of their support from you for the 2024-25 school year, July 1, 2024 – June 30, 2025.

Full Name	Age	Relationship	Dependent's Current Monthly Income

Did you claim any of the above dependents on yours and your spouse's 2022 federal income tax return? _____ Yes _____ No

Section B: Income

List all forms of income/resources received and/or anticipated by you for the 2024-25 school year, July 1, 2024 – June 30, 2025.

Resources can be monetary gifts/transfers made to you and/or your spouse. Do not leave any spaces blank, put \$0 if it does not apply.

Please use yearly amounts

- Income from work (gross) \$ _____
- Spouse income from work (gross) \$ _____
- Resources from parents (s) \$ _____
- Resources from other relatives \$ _____
- Resources from boyfriend/girlfriend \$ _____
- Resources from partner/life partner \$ _____
- Financial aid received \$ _____
- Unemployment or disability benefits \$ _____
- Child Support received \$ _____
- Business, rental, or farm income \$ _____
- Trust fund income \$ _____
- Interest/ dividend income \$ _____
- Social Security benefits/ Social Security Income \$ _____
- Public Assistance (TANF, SNAP) \$ _____
- Subsidized housing \$ _____
- Veterans benefits \$ _____
- Other _____ \$ _____
- Total** \$ _____



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Section C: Expenses

List all forms of expenses incurred and/or anticipated by you and/or your spouse for the 2023-24 school year, July 1, 2024 – June 30, 2025.

Rent/ Mortgage payments	\$ _____
Car Payment	\$ _____
Apartment/home insurance	\$ _____
Food/groceries	\$ _____
Gas, oil, car repairs	\$ _____
Out of pocket medical expenses	\$ _____
Clothing	\$ _____
Child Care Expenses	\$ _____
Utility expenses (gas, electric, cable, water, cell, etc.)	\$ _____
Entertainment expenses	\$ _____
Miscellaneous/Personal expenses	\$ _____
Total	\$ _____

The LCC Financial Aid Office may ask for proof of any information on this form including tax return transcripts, mortgage or rental agreement.

Section D: Signatures

All of the information provided on this form is true and correct to the best of my knowledge. If requested, I agree to provide LCC Financial Aid Office with documentation of the information given on this form. I give LCC Financial Aid Office permission to correct my 2023-2024 FAFSA with appropriate information from this form. I understand that if I purposely give false or misleading information to be used on my FAFSA, I may be subject to a \$20,000 fine, a prison sentence, or both. I further understand that if this form is incomplete, it will be returned and my financial aid will be DELAYED.

Student Signature:

Date: